

072296-0350556 PATENT

JUN 0 2 2006 JUN

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

ROBERT LAMB

Serial No.: 09/670,346

Filed: September 27, 2000

For:

VITAMIN E PHOSPHATE /

PHOSPHATIDYLCHOLINE

LIPOSOMES TO PROTECT FROM OR AMELIORATE CELL DAMAGE

Art Unit: 1615

Examiner:

Kishore, Gollamudi S.

LETTER TO THE EXAMINER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

We have not yet received a Notice of Acceptance of Power of Attorney in the instant application 09/670,346. The Power of Attorney was previously faxed to Examiner Kishore on April 3, 2006. Please enter and accept the attached original Power of Attorney form for the instant application 09/670,346.

On April 3, 2006, we sent a letter by facsimile to Examiner Kishore, which included the Power of Attorney for the instant application 09/670,346, as well as a Power of Attorney for divisional application 11/070,738, both of which were signed by the executor of the inventor's estate. A copy of that facsimile and the two Power of Attorney forms is attached. We note that

Serial No.: 09/670,346 Attorney Docket No.: 072296-0350556

Art Unit: 1615

Page 2

the Power of Attorney form for divisional application 11/070,738 was accepted by the U.S.

Patent and Trademark Office on May 8, 2006.

We also note that on May 5, 2006, we filed an Amendment and Response to the Office Action dated March 7, 2006.

Any fee necessary for consideration of this response is hereby authorized to be charged to Deposit Account Number 03-3975.

By:

PILLSBURY WINTHROP SHAW PITTMAN LLP

1650 Tysons Boulevard

McLean, VA 22102 Tel: 703/770-7900

Date: June 2, 2006

Respectfully submitted,

Michelle S. Marks

Registration No. 41,971

Attachments: Original Power of Attorney

Copy of Fax of April 3, 2006

MSM/pj

Customer No. 00909

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	109/670,346 Conf. # 4446
Filing Date	September 27, 2000
First Named Inventor	Robert Lamb
Title	Vitamin E Phosphate, etc.
Art Unit	1615
Examiner Name	G. Kishore
Attorney Docket Number	

I hereby revoke all n	revious powers of attorney given in t	he above-identified appli	cation.
	totices poriors of attorney given in	шото полина арри	
I hereby appoint:			
X Practitioners assoc	iated with the Customer Number: 0090	9	
OR	<u></u>		
lm			
Practitioner(s) nam	ed Delow:		
	Name	Registr	ation Number
		<u> </u>	
as my/our attorney(s) or a	agent(s) to prosecute the application identified	above, and to transact all bus	iness in the United States Patent and
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Please recognize or chan	ge the correspondence address for the above	e-identified application to:	
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lam the: X Executor of	of the estate of Robert La	mb (deceased)	
Assignee of reco	ord of the entire interest. See 37 CFR 3.71. r 37 CFR 3.73(b) is enclosed. (Form PTO/SB	/96)	
2.3,0.,		nt or Assignee of Record	
Signature		2	Date Orcil 1 Zoryo
Name	16/5/ 5 11/2 00		Telephone 215-512-608-7
Title and Company	CECUT CHAIR		
	nventors or assignees of record of the entire interes	t or their representative(s) are requ	ired. Submit multiple forms if more than one
signature is required, see bel	low*.		
*Total of	forms are submitted.		

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LOS ANGELES	Company:	United States Patent and	Phone No:	
NEW YORK NORTHERN VIRGINIA		Trademark Office		
ORANGE COUNTY	From:	Michelle S. Marks	Phone No:	703.770.7986
SACRAMENTO	Email:	michelle.marks@pillsburylaw	'. Fax No:	703.770.7901
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SAN DIEGO-NORTH COUNTY	User No:	53943	C/M No:	072296/0325971
SAN FRANCISCO SILICON VALLEY				
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SYDKEY

TAIPEI

TOKYO

WASHINGTON DC

Dear Examiner Kishore,

I am trying to reach you to discuss US Serial Nos. 11/070,738 and 09/670,346. Please call me at your earliest convenience to let me know when you will be available. Attached please find two Power of Attorney forms, signed by the executor of the inventor's estate.

Kind regards,

Michelle S. Marks

Confidentiality Note: The documents accompanying this (pesimile mansmission may contain confidential information which is legally privileged. The Information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the Intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any of the information contained in this transmission is strictly PROHIBITED. If you have received this transmission in error, please immediately polify us by telephone and mail the original transmission to us. Thank you.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	109/670,346 Conf. # 4446
Filing Date	September 27, 2000
First Named Inventor	Robert Lamb
Title	Vitamin E Phosphate, etc.
Art Unit	1615
Examiner Name	G. Kishore
Attorney Docket Number	

I hereby revoke all	previous powers of attorney g	iven in the ab	ove-identified applic	ation.
I hereby appoint:				
X Practitioners asso	ociated with the Customer Number:	00909	-	
Practitioner(s) na	med below:			
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lam the: X Executor	of the estate of Robe	ert Lamb ((deceased)	
	cord of the entire interest. See 37 CFI er 37 CFR 3.73(b) is enclosed. (Form			
	SIGNATURE OF	f Applicant or A	ssignee of Record	
Signature	14 /3/			Date Dat 1 2000
Name	Chestopher Scot	-2Amb		Telephone 215-512-0657
Title and Company				
NOTE: Signatures of all the signature is required, see bo		tire interest or their	representative(s) are require	ed. Submit multiple forms if more than one
*Total of	forms are submitted			

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Application Number	117070,738@Conf.# 3909
Filing Date	March 2, 2005
First Named Inventor	Robert Lamb
Title	Vitamin E Phosphate, etc.
Art Unit	1615
Examiner Name	G. Kishore
Attorney Docket Number	

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I hereby revoke all previous powers of attorney give	ven in the ab	ove-identified a	pplication.
I hereby appoint:			
X Practitioners associated with the Customer Number:	00909		
OR			
Practitioner(s) named below:			
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X Executor of the estate of Robe		(deceased)	
Assignee of record of the entire interest. See 37 CFI Statement under 37 CFR 3.73(b) is enclosed. (Form			
SIGNATURE	Applicant or A	signee of Recor	
Signature 5/16			Date A-C-1 1, 2000
Name Chastanha Scat	t Lamb		Telephone 215-5/2-685/
Title and Company			
NOTE: Signatures of all the inventors or assignees of record of the en signature is required, see below.	ntire interest or the	ir representative(s) are	required. Submit multiple forms if more than one
*Total of forms are submitted.			

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